

- A letter from an authorized representative of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID-19 immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.

Section III: Student Understanding & Consent

I understand that the State of New York and SUNY requires, as a condition of attendance at SUNY Oneonta, submission of a certificate of immunization against COVID-19. In consideration of this exemption, if I am found to have COVID-19 or have been identified as having contact with someone presumed to have COVID-19, I will comply with the quarantine or isolation procedures of the institution and the community.

In consideration of this exemption, in the event of an outbreak of COVID-19 I understand that I may be asked to leave campus and suspend my studies in accordance with public health orders. Students who withdraw from the University are subject to tuition, fees, room, and board as outlined in the Financial Liability Chart regardless of steps required to be taken to mitigate COVID-19 risks. I hereby assume all risks of personal injury to myself as a result of this exemption and also release the State University of New York, SUNY Oneonta, the State of New York and any of its personnel from all claims and damages which may arise from any impairment of health resulting to me because of this exemption up to and including death.

Students seeking an exemption from vaccination are responsible for completing the vaccination exemption request form and providing any required documentation. The College, in turn, will coordinate any needed accommodations for eligible for students.

I understand that, in the event of an outbreak of COVID-19 on campus, the college reserves the right to mandate that I leave campus for a period of time to be determined in consultation with the Otsego County Department of Health and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case that I cannot complete my academic coursework due to a COVID-19 outbreak would be subject to all existing SUNY policies.

I understand that if I am not fully vaccinated against COVID-19, I will need to abide by all COVID-19 related health and safety restrictions if accessing a SUNY facility, including, but not limited to, use of face masks, social distancing, participation in weekly surveillance testing, and quarantine.

Signature: _____ Date: _____

Student (or guardian, only if under 18 years old as of the first day of class)

Once completed, students should upload the signed form to the Health Center Patient Portal

[\(hyperlink\) Log into the health Center Portal](#)

Uploaded exemption request forms will be reviewed and response will be sent through the Health Center Patient Portal